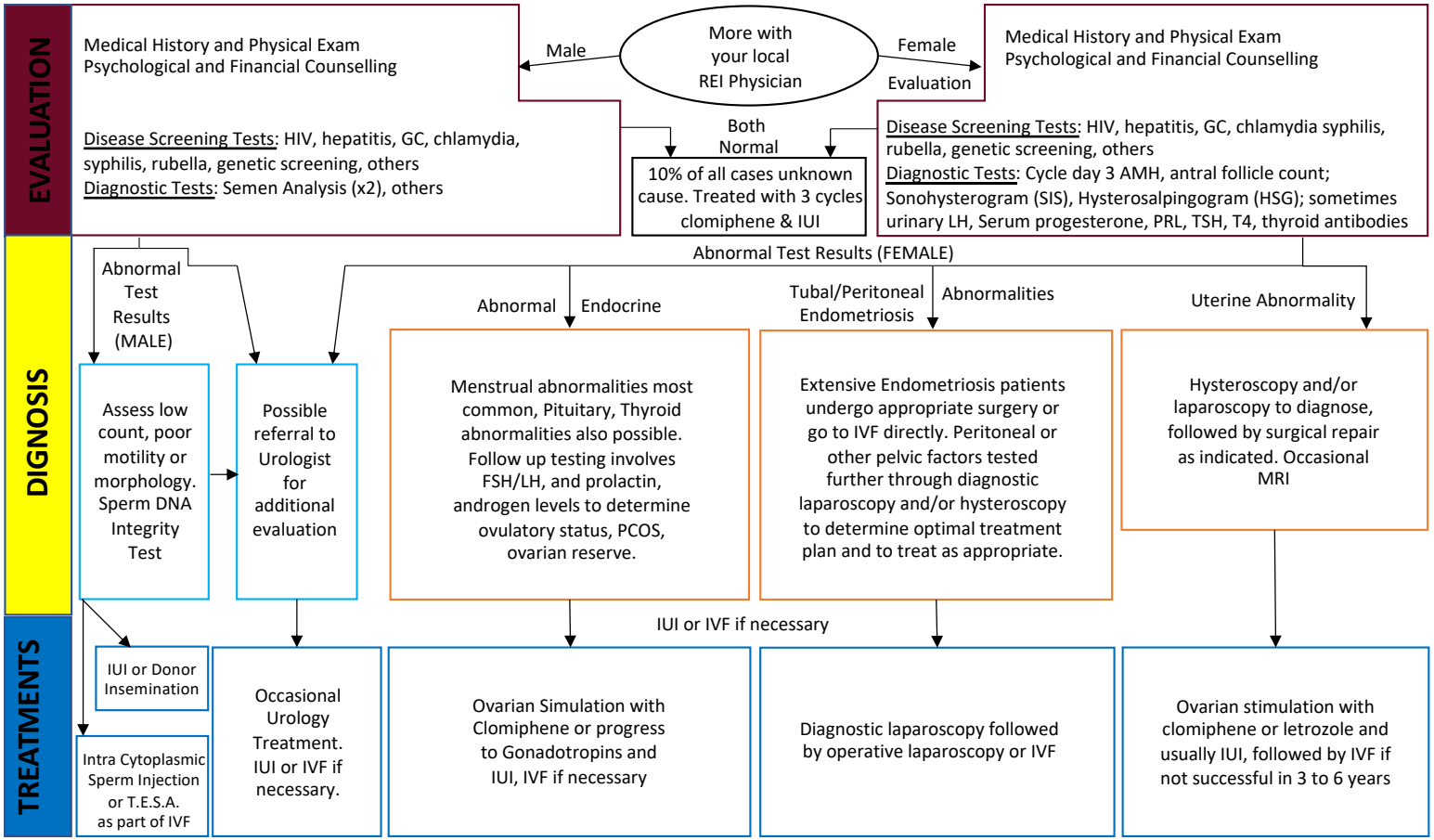
EVALUATION
DIGNOSIS
TREATMENTS
More with your local REI Physician
Male
Female
Evaluation
Both Normal
Medical History and Physical Exam
Psychological and Financial Counselling
Disease Screening Tests: HIV, hepatitis, GC, chlamydia, syphilis, rubella, genetic screening, others
Diagnostic Tests: Semen Analysis (x2), others
10% of all cases unknown cause. Treated with 3 cycles clomiphene & IUI
Medical History and Physical Exam
Psychological and Financial Counselling
Disease Screening Tests: HIV, hepatitis, GC, chlamydia syphilis, rubella, genetic screening, others
Diagnostic Tests: Cycle day 3 AMH, antral follicle count; Sonohysterogram (SIS), Hysterosalpingogram (HSG); sometimes urinary LH, Serum progesterone, PRL, TSH, T4, thyroid antibodies
Abnormal Test Results (MALE)
Abnormal Test Results (FEMALE)
Abnormal
Endocrine
Tubal/Peritoneal Endometriosis
Abnormalities
Uterine Abnormality
Assess low count, poor motility or morphology. Sperm DNA Integrity Test
Possible referral to Urologist for additional evaluation
Menstrual abnormalities most common, Pituitary, Thyroid abnormalities also possible. Follow up testing involves FSH/LH, and prolactin, androgen levels to determine ovulatory status, PCOS, ovarian reserve.
Extensive Endometriosis patients undergo appropriate surgery or go to IVF directly. Peritoneal or other pelvic factors tested further through diagnostic laparoscopy and/or hysteroscopy to determine optimal treatment plan and to treat as appropriate.
Hysteroscopy and/or laparoscopy to diagnose, followed by surgical repair as indicated. Occasional MRI
IUI or IVF if necessary
IUI or Donor Insemination
Intra Cytoplasmic Sperm Injection or T.E.S.A. as part of IVF
Occasional Urology Treatment. IUI or IVF if necessary.
Ovarian Simulation with Clomiphene or progress to Gonadotropins and IUI, IVF if necessary
Diagnostic laparoscopy followed by operative laparoscopy or IVF
Ovarian stimulation with clomiphene or letrozole and usually IUI, followed by IVF if not successful in 3 to 6 years